

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

RECEIVED
FEC MAIL CENTER
2011 MAR -2 AM 7:17

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

TRADITIONAL MARRIAGE COALITION

ADDRESS (number and street) 109 WALKER STREET

Check if different than previously reported. (ACC)

EUSTACIE CITY TX 75124 ZIP CODE

2. FEC IDENTIFICATION NUMBER C00582064 3. IS THIS REPORT NEW (N) OR AMENDED (A) X 4. STATE DISTRICT For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period

Special (12S) Convention (12C)

Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period

Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or January 1 - June 30

July 1 - December 31

7. Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

Lobbyists/Registrants or Lobbyist/Registrant PACs 000 000

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARK SANDERS

Signature of Treasurer Mark Sanders Date 02 24 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3L
02/2009